

NH Board of Pharmacy  
Meeting Oct. 2, 2018  
Strategic Planning 2018-2019  
Meeting notes

Meeting called to order at 9:00am by President Gary Merchant

Commissioners in attendance: John Genovese, David Rochefort, Candace Bouchard, Nicole Harrington, Lindsey LaLiberte, Helen Pervanas

Also in attendance: Peter Danles, OPLC executive director and Sheri Walsh Esq. OPLC Medical Director

**I. SB 531- areas to establish consistency – Peter Danles**

- a. Application Process – goal is to promote “online licensing” for applications & renewals for both Board of pharmacy & for other Boards
- b. Record Retention – goal is to establish standard policies of record retention for all Boards to ensure same methods are used at an appropriate time frame
- c. Disciplinary Hearings – goal is to establish a consistent disciplinary process for all Boards that is time efficient while allowing specific Boards ability to determine specific sanctions
- d. Investigations goals:
  - i. Establish consistent timelines, process and procedures for Board inspections
  - ii. Avoid police involvement in inspections that are not criminal investigations
- e. Licensing Fees discussion:
  - i. Main issue: When do we reduce fees?
  - ii. 1<sup>st</sup> Goal: criteria and assessment calculations/formula for all Boards based on their revenue, expenses or surplus
  - iii. 2<sup>nd</sup> Goal: increase funding to support Boards for networking and education
  - iv. Current Issues in the process of being fixed: Streamline mass email communication to all licensees (My Licensing Office)
- f. Information Technology
  - i. Starting July 2019 there will be secure email addresses for state employees
  - ii. Goal: improve the public’s access to Board information and documents → suggestion is to provide easy access to clickable links and formats that the allows the public to download information/documents
- g. Board Member Orientation & Executive Leadership Training
  - i. 1<sup>st</sup> Goal: provide consistent basic information training for new Board members
  - ii. 2<sup>nd</sup> goal: promote CLEAR online education for all board members and employees
  - iii. 3<sup>rd</sup> goal: promote Attorney General’s annual training especially for Board chair members

- iv. 4<sup>th</sup> goal: promote annual hands-on workshop with best practices and licensing projects to train board employees

## II. Expanding role of pharmacy technicians

- a. Roles that can be performed only by a pharmacist:
  - i. Verify orders/prescriptions, vaccines, double check IV/chemotherapy or compounded medications, patient counseling, MTM, Collaborative Practice Agreements
- b. Pharmacist role that be passed on to technicians: Product verification
- c. Benefits of having technicians with expanded roles:
  - i. Pharmacist able to perform more clinical duties (MTM, counseling, immunizations) and have less interruptions in pharmacist workflow
  - ii. Expanded technician duties can increase value and pay as “licensed pharmacist assistant”
  - iii. “licensed pharmacist assistant” - title that designates a technician with expanded roles & have a separate license & regulatory/liability from the pharmacist
  - iv. State of Arizona allows certified technicians to do “final technology-assisted product verification” for dispensed prescriptions --> <https://nabp.pharmacy/wp-content/uploads/2016/06/Arizona-Newsletter-January-2018.pdf>
- d. Disadvantages of having technicians with expanded roles:
  - i. Increased cost of training/education for technicians to expand their roles but no guarantee that expanded technician roles will increase technician pay
  - ii. Technicians with expanded duties can lead to a decrease in pharmacist staffing
  - iii. Need to write NH laws/rules to support expanded technician roles
- e. Ideas for laws/rules for “licensed pharmacist assistant”:
  - i. Incorporate automated technology to expanded technician duties
  - ii. Mandatory examinations: PTCB/NABP, MPJE, ASHP-ACPE (must pass both clinical & law exams)
  - iii. Specialized training/certifications: 600 hours as certified pharmacy technician, proof of onsite training, ASHP certified
  - iv. State of Arizona allows certified technicians to do “final technology-assisted product verification” for dispensed prescriptions --> <https://nabp.pharmacy/wp-content/uploads/2016/06/Arizona-Newsletter-January-2018.pdf>

## III. Transition from Prescriptive (rules driven “can do”) to Descriptive (standards of care “able to do”) - Medical and Nursing Model

- a. “Prescriptive” Model
  - i. Benefits: “Rules driven” model have specific rules that enhance safety and help Board quickly identify violations
  - ii. Disadvantages: “Rules driven” model limits practitioner’s ability to enforce their educational & clinical judgement

b. “Descriptive” Model

- i. Advantages: “standards of care model” are focused on desired outcomes and gives practitioners the freedom to operate based on their educational & clinical judgement
- ii. 1<sup>st</sup> Disadvantage: without specific rules some violations may require a small group of select people to help the Board define “standards of care”
- iii. 2<sup>nd</sup> Disadvantage: using “descriptive” model can make laws/rules very open to interpretation that can allow lawyers to circumvent the intent of the “descriptive” law

**IV. Organization of rules about “Fit place to practice” for Board, Owner and Practitioner**

- a. Board duty: administrative role under OPLC, to write laws/rules about “fit place to practice”
- b. Owner pertain to “permit holder”
  - i. It is the Owner’s duty to provide a “fit place to practice”
- c. Goal of the Board: rewrite laws/rules to make the Owner accountable/liable to providing “fit place to practice” while reducing the accountability and liability of pharmacist-in-charge
- d. pharmacist-in-charge PIC duties:
  - i. Maintain “fit place”
  - ii. Keep records of reports given to Owner if the place does not meet requirements for “fit place”
    1. Example # 1: PIC must keep records of reports of lack of hot water brought to the attention of the Owner so that if a pharmacy fails inspection due to lack of hot water, the violation will be the Owner’s fault not the PIC
    2. Example # 2: if the pharmacy fails inspection due to lack of hot water and this issue was not reported by the PIC to the Owner, then the violation will be the fault of the PIC
- e. Pharmacist-Technician ratios
  - i. Identifying the most ideal pharmacist to technician ratio are difficult to quantify because different settings have different needs and workloads

**V. Prescription Drug Monitoring Program (PDMP)**

- a. Currently PDMP is operating under the NH Board of pharmacy
  - i. 1<sup>st</sup> Disadvantage: PDMP operates by reducing funding of NH Board of pharmacy
  - ii. 2<sup>nd</sup> Disadvantage: Board of pharmacy need to write new laws/rules to specify the limits and scope of the PDMP
  - iii. 3<sup>rd</sup> Disadvantage: PDMP has difficulty expanding its duties to improve data collection/analysis/sharing to other Boards such as medicine & nursing

- b. Benefits of PDMP being their own Board (separate from the Board of pharmacy):
  - i. PDMP can freely write and impose their own laws/rules to improve data collection/analysis/reporting of their findings to other Boards such as pharmacy, medicine & nursing
  - ii. PDMP's own Board can operate and get their own funding
  
- c. Goals for PDMP:
  - i. Improve data collection and analysis to provide useful trends to various Boards
  - ii. Allow various Boards to ask PDMP for certain reports that can pertain to dispensing and prescribing practices trends
  - iii. mandatory PDMP checks by pharmacists and providers for every patient have main issues:
    - 1. Time consuming process for both the pharmacist & for providers
    - 2. Lack of infrastructure
    - 3. Increased physician complaints (high volume phone calls from the pharmacy that can limit a provider's ability to treat based on their clinical judgement)
    - 4. Lack of enough useful PDMP data
    - 5. Lack of regulations for PDMP

## **VI. Legislation**

- a. Change RSA for "licensed pharmacist assistant"
- b. Change RSA to include "all compounding must be in compliance with NH Board of pharmacy" this gives NH Board of pharmacy the ability to enforce select USP and US pharmacopeia rules that apply to the needs of NH practices

Board administrator/chief of compliance Michael Bullek arrived at 11:45am